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President: Kuniyoshi Yagyu, MD, FISHRS
nhhtkyo11@kioicho.jp

Executive Director: Victoria Ceh, MPA
vceh@ishrs.org

Editors: Mario Marzola, MBBS
Robert H. True, MD, MPH, FISHRS
editors@ishrs.org

Managing Editor, Graphic Design, & Advertising Sales:
Cheryl Duckler, 1-262-643-4212
cduckler@ishrs.org

Controversies: Russell G. Knudsen, MBBS, FISHRS

Cyberspace Chat: Bradley R. Wolf, MD, FISHRS

Difficult Cases/Complications: Marco Barusco, MD

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Regional Society Profiles:
Mario Marzola, MBBS; Robert H. True, MD, MPH, FISHRS

Review of Literature:
Nicole E. Rogers, MD, FISHRS;
Jeffrey Donovan, MD, PhD, FISHRS

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President's Message

Kuniyoshi Yagyu, MD, FISHRS *Tokyo, Japan* nhhtkyo@kioicho.jp

Congratulations to the 2015 Annual Scientific Meeting Committee! The 23rd Annual Scientific Meeting of the ISHRS was held in great success in September in Chicago. Our excellent Program Chair Dr. Nilofer Farjo, her team, and immediate Past President Dr. Sharon Keene worked very hard for one year to prepare everything for the Annual Scientific Meeting. Their diligent efforts have attracted the foremost members of the ISHRS to make a record of highest number of attendees and created an outstanding consortium of ideas in hair restoration surgery.

The 24th Annual Scientific Meeting of the ISHRS will be held from 19th to 22nd in October next year in Panama City. We will change the name of the Annual Scientific Meeting to the 24th World Congress of the International Society of Hair Restoration Surgery from the next year. Dr. Marcelo Pitchon is working hard as the Program Chair of the ISHRS 24th World Congress. He has many excellent plans for the ISHRS 2016 World Congress. Simultaneous interpretation (English to Spanish) will also be provided next year. I hope that many members of the Society will attend the 24th World Congress of the ISHRS in Panama City. We will be able to learn the latest basic scientific information and hair transplantation technique shedding light on patients suffering from hair loss.

The ISHRS considers that collaboration between scientific research and clinical medicine can enhance the quality of medical and surgical treatment for hair loss. The ISHRS sponsors and actively participates in the 9th World Congress for Hair Research (WCHR), which will be held in November 2015 in Miami, Florida. The ISHRS will support research works and will be part of the hair research community.

Our Past President, Dr. Sharon Keene, made many important works during the tenure as president of the ISHRS. All the policies will be maintained next year.

Surgery delegation and legal compliance have been critical issues in hair restoration surgery for many years. The ISHRS is aware that a minority of members are not fully aware of legalities governing their practice nor are they desirous of any government oversight. We certainly don't want this to damage the integrity and prestige of the ISHRS. The Society encourages our members to act lawfully. More than 75% of our membership obeys the law. We need to embolden our members to improve that rate toward 100%.

The ISHRS is an educational society, and not a policing society. The Society cannot punish anybody other than by removing membership privileges, but it can show the right way to protect patients' benefits, surgical safety, ethics, education, and promotion of science in the hair transplantation treatment.

Members of the ISHRS should keep in mind that the final decision of the Society is always made by the Board of Governors (BOGs), and not by the president. Even the president of the Society is required to do his or her job within the scope of BOG's decisions.

As current president of the ISHRS, I strongly support the efforts of the ISHRS BOG to promote high practice standards and to combat practice paradigms that encourage the unlicensed practice of medicine in hair restoration surgery. ♦



Co-editors' Messages

Mario Marzola, MBBS Adelaide, South Australia editors@ISHRS.org

As you will see, this issue comprises a lot of information on the ISHRS 23rd Annual Scientific Meeting. And so it should as it was our largest meeting ever. Co-editor Bob True will expand further, but for me, it was also the best meeting ever; there was something for everyone, from theory to practical, general discussion to deep and detailed discussion as needed. As the attendance numbers get bigger, there may be better and more efficient ways of transferring information between us. This discussion goes on after every meeting, so please let us know your suggestions for improvements if you feel there should be changes as the Program Committee is always receptive (go to info@ISHRS.org).

The year is passing quickly, and this is the last issue of the *Forum* for 2015. We hope that your career in hair surgery is progressing nicely. The need for hair restoration is not abating; the public wants our services and readily places their self-esteem in our hands. Congratulations to all who have recently joined this, one of the best specialties in medicine. We have the opportunity to make so many people happy or, in a real way, scar them for life. Our wonderful outgoing president, Dr. Sharon Keene, has been a true and consistent fighter in her belief that the high road is the only road we can take in our dealings with our patients. The reprint of her speech from the annual meeting is the leading article in this edition, and it is typical of her passion for keep-

ing our moral compass through our hair restoration career. Because of the trust our patients give us, we can easily overpromise, mislead, overharvest, and over service patients for our monetary benefit. Delegating too much of the transplant process to non-medical staff to leverage our time and taking risks with quality means we are losing our medical morals and succumbing to the “business” of hair restoration. As Dr. Dow Stough once said: “The patient first, second, third, fourth, and fifth, then me.”

I look forward with anticipation to my first attendance at the 7th Annual Hair Transplant 360 Workshop at Saint Louis University, November 19-22, 2015. It looks like a comprehensive four-day course for beginner and expert alike, a true 360 experience. The energy, knowledge, and expertise of Dr. Sam Lam and Emina Karamanovski-Vance is exceptional. In between the yearly meetings, they write textbooks!

The 9th World Congress on Hair Research in Miami, Florida, is on about the same time (November 18-21). If you are interested in what makes a hair follicle work, try to attend. Otherwise, we look forward to Dr. Bessam Farjo's report on this meeting in our first edition of the *Forum* in 2016. Happy New Year! ♦



Robert H. True, MD, MPH, FISHRS New York, New York, USA editors@ISHRS.org

As Dr. Marzola noted, this issue is almost exclusively devoted to the 23rd Annual Scientific Meeting held in Chicago, September 9-13, 2015. In fact, we have provided more coverage of the meeting in this issue than any previous post-meeting *Forum* issue. In addition to the traditional daily reports we have added full reports on the Poster Award winners, biographies of the Award winners, and reports on the extra courses, mini courses, and workshops. In addition, the outstanding Presidential Address given by outgoing President Sharon Keene is such a finely crafted overview of our Society's history and challenges that it is worthy of being the lead article for this *Forum* issue.

Each of us goes away from the annual meeting with a few things that have really captured our attention. What were yours? For me, I feel that Dr. Jean Devroye's study on transection and graft survival provides meaningful evidence that we cannot treat transection with a cavalier attitude as some suggest—transection does have negative consequences. Also, I was intrigued by Dr. Chiara Insalaco's study on donor healing in FUE and combination FUE/strip harvest showing that FUE contracts the donor area and combination widens the donor strip scar. Last year, we had a discussion about recipient site marking in the *Forum* in which it was suggested that the addition of methylene blue to holding solutions might improve graft survival. However, in her study, Dr. Chinmanat Tangjaturonrusamee demonstrated that it actually was potentially detrimental.

Another meeting highlight for me was spending time with three wonderful inventors, Drs. T.K. Shiao, Jean Devroye, and Roberto Trelvelini (the “McGyver Club”) whose creative minds are leading us into the next generation of FUE equipment.

Another “most notable” part of the meeting for me was the Joint ABHRS/ISHRS Morbidity & Mortality Conference. This was the third year of the conference. The first year was fantastic and one of the most acclaimed parts of the San Francisco meeting. Last year in Kuala Lumpur it wasn't great, but this year again it recaptured the intimacy, honesty, and frank discussion of the initial meeting and was a terrific session. Congratulations to Dr. Marco Barusco and the ABHRS.

And finally, although it may not be “PC” (politically correct) and seem a bit old school to even notice, but I can't help but note that the Chicago meeting was remarkable for the leadership of our female members: Dr. Sharon Keene, President; Dr. Nilofer Farjo, Program Chair; Drs. Aman Dua and Nicole Rogers, Basics Course Chairs; Drs. Ratchathorn Panchaprateep and Sara Wasserbauer, Advance Course Chairs; Janna Shafer and Sara Roberts, RN, Surgical Assistants Courses; not to mention all the other main session, workshop, and table presenters—no real surprise then as to why this was one of our best meetings ever! ♦



INTERNATIONAL SOCIETY OF HAIR RESTORATION SURGERY

Vision: To establish the ISHRS as a leading unbiased authority in medical and surgical hair restoration.

Mission: To achieve excellence in medical and surgical outcomes by promoting member education, international collegiality, research, ethics, and public awareness.

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Membership proudly includes:

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 Asian Association of Hair Restoration Surgeons
 Association of Hair Restoration Surgeons-India
 Australasian Society of Hair Restoration Surgery
 Brazilian Society of Hair Restoration Surgery
 (Associação Brasileira de Cirurgia de Restauração Capilar – ABCRC)
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 French Hair Restoration Surgery Society
 Ibero Latin American Society of Hair Transplantation
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 International Society of Hair Restoration Surgery
 Italian Society for Hair Restoration
 Japanese Society of Clinical Hair Restoration
 Korean Society of Hair Restoration Surgery
 Polish Society of Hair Restoration Surgery
 Sociedad Iberolatinoamericana de Trasplante de Cabello



Editorial Guidelines for Submission and Acceptance of Articles for the Forum Publication

- Articles should be written with the intent of sharing scientific information with the purpose of progressing the art and science of hair restoration and benefiting patient outcomes.
- If results are presented, the medical regimen or surgical techniques that were used to obtain the results should be disclosed in detail.
- Articles submitted with the sole purpose of promotion or marketing will not be accepted.
- Authors should acknowledge all funding sources that supported their work as well as any relevant corporate affiliation.
- Trademarked names should not be used to refer to devices or techniques, when possible.
- Although we encourage submission of articles that may only contain the author's opinion for the purpose of stimulating thought, the editors may present such articles to colleagues who are experts in the particular area in question, for the purpose of obtaining rebuttal opinions to be published alongside the original article. Occasionally, a manuscript might be sent to an external reviewer, who will judge the manuscript in a blinded fashion to make recommendations about its acceptance, further revision, or rejection.
- Once the manuscript is accepted, it will be published as soon as possible, depending on space availability.
- All manuscripts should be submitted to editors@ishrs.org.
- A completed Author Authorization and Release form—sent as a Word document (not a fax)—must accompany your submission. The form can be obtained in the Members Only section of the Society website at www.ishrs.org.
- All photos and figures referred to in your article should be sent as *separate* attachments in JPEG or TIFF format. Be sure to attach your files to the email. Do NOT embed your files in the email or in the document itself (other than to show placement within the article).
- Images should be sized no larger than 6 inches in width and should be named using the author's last name and figure number (e.g., TrueFigure1).
- Please include a contact email address to be published with your article.

Submission deadlines:

December 5 for January/February 2016 issue

February 5 for March/April 2016 issue

April 5 for May/June 2016 issue



President's Address *from front page*

to Dr. Okuda's painstaking research. We welcome Dr. Okuda's grandson, Dr. Takahiko Okuda and great granddaughters, Yumi and Mai, who honor us with their presence, and who will graciously accept the Manfred Lucas lifetime achievement award in recognition of Dr. Shoji Okuda during Saturday's gala celebration. Domo arigato!

An example of prudent management, public advocacy and education is the beautiful Lincoln Park Conservatory & its botanical gardens, established in 1890, and maintained in part by a non-profit group. Their efforts mirror in many ways the structure and function of the ISHRS BOG and management team.

We are a non-profit organization with a volunteer Board that functions very democratically. The BOG votes on all policy initiatives. All board members are duty bound to support policy once it has been approved. No member, including the President, can make, ignore, or abolish policy on their own.

Including me, there are 5 members of the Executive Committee who are also Board members: our next President, Kuniyoshi Yagyū (Vice President—Japan), Ken Washenik (Treasurer—USA), Tommy Hwang (Secretary—Korea), and Vincenzo Gambino (Immediate Past President—Italy).

There are 8 members of the Board of Governors: Alex Ginzburg (Israel), James Harris (USA), Francisco Jimenez (Spain), Mel Mayer (USA), Paul McAndrews, (USA), David Perez-Meza (Spain), Bob True (USA), and Arthur Tykocinski (Brazil), as well as 2 voting Past Presidents.

I am pleased to congratulate this year's 2 BOG nominees, Drs. Nilofer Farjo (United Kingdom) and Jean DeVroye (Belgium). My congratulations also for the Executive Committee nominee, Dr. Arthur Tykocinski (Brazil). We are an international society and our Board of Governors reflects this.

No president has time to run this medical society. For that we depend on Victoria Ceh, our Executive Director. A few of her tasks include: fiscal oversight of expenditures and investments, educational meeting planning, coordination of nearly 30 active committees, liaising with legal advisors, and oversight of website, media & public relations staff...and this is the short list!

Victoria is the ultimate problem fixer and the common denominator for policy implementation—each president serves 1 year, but Victoria has been the co-captain for 17 years! We are lucky and proud to have her.



The Field Museum of Natural History. *Photography Dawn Holler Wisher*



Dr. Shoji Okuda



Lincoln Park Conservatory. *Photography Choose Chicago*

Similar to the operations of many of Chicago's public landmarks, there are literally hundreds of ISHRS member volunteers working in committees who along with our management team help build & maintain our Society. I extend my sincere thanks to each and every one for their generous time commitment and hard work.

One of Chicago's oldest and most respected research institutions is The University of Chicago. Founded in 1890 it boasts 89 Nobel Prize winners among staff and alumni. While the ISHRS does not boast a Nobel laureate, we, too, have reason to be proud—both for our expanding support for research to continue innovating and improving our specialty, as well as compassionate pro bono patient care for deserving patients in need.

This year the BOG approved USD \$42,000 in support of member research grant applications—a 10-fold increase in 5 years—and contributed \$10,000 to the Cicatricial Alopecia Research Foundation. Furthermore, the ISHRS via its Annual Giving Fund contributes nearly \$10,000 annually to Operation Restore to help cover the costs of restoring hair loss in cases where a deserving patient would not otherwise be able to afford it. On behalf of the Society, I extend our sincere thanks to all the doctors who have contributed their time and expertise to perform Operation Restore cases. Our members continue to seek ways to use our resources for the benefit of member education, but also to promote the public's welfare.

The largest museum in the western hemisphere is the Museum of Science and Industry where exhibits cover topics ranging from coal mining to agriculture and submarines to railroads. A current featured exhibit is titled "The Robot Revolution"—exploring the way robots may change our lives.

Technology and innovation can be exciting, but have always been met with some degree of skepticism and controversy. Consider the perspective voiced by the 19th-century American writer Ambrose Bierce who suggested the telephone was the devil's invention, which made it impossible to avoid communication with disagreeable people! Some might still agree with his viewpoint, but few could argue its transformative influence on communication.

Has technology transformed hair restoration surgery? Despite exaggerated claims by some medical device makers, there is no device that has revolutionized hair restoration surgery, and none that can automatically transplant hair! Many of us continue to carefully analyze their usefulness and make our own assessments. What can be said with accuracy: currently, there is no fully automated system to perform hair restoration surgery. Someday that could occur, but so may stem cell therapy or follicle cloning. For now, the following is true.

Some devices can assist in various aspects of surgery—but **all require proper education and expertise for appropriate indications, handling, and direction.**



The University of Chicago. *Photography Jannis Tobias Werner/Shutterstock.com*



Museum of Science and Industry. *Photography Choose Chicago*

President's Address from page 229

Improper use by inexperienced doctors—or worse, delegation to non-physicians—has been the subject of medical board investigations in the United States, and has placed patients and their outcomes in harm's way. The paradigm that promotes delegation to non-doctors conflicts with ISHRS best practices policy. Members who adhere to our best practices policy will positively distinguish themselves in the public's eyes and illustrate their commitment to high standards for patient care.

It behooves us to heed the advice given by former commissioner of the U.S. Food & Drug Administration (FDA), Dr. Margaret Hamburg, to the 2012 graduating medical class of Stanford University:

Patients do not put their trust in machines or devices.

They put their trust in you.

You ... spent years studying, training, doing research ... seeing patients.

And you likely have many more years of education ahead.

She concluded with this comment:

Never ever lose your moral compass. And I would add, no matter what any salesman—most of whom never earned a medical license—encourages you to do!

This gorgeous ceiling is inside the Chicago Cultural Center, built in 1897, boasts the world's largest stained glass Tiffany dome. One of the public programs provided here is consumer education and awareness to help protect the public from fraud and deceptive practices.



Chicago Cultural Center. Photography Choose Chicago

In recent years, the BOG has voted to expand educational efforts for consumer/patient education. The Internet is a wealth of knowledge, but also replete with misinformation. Our goal is to help patients sort facts from fiction.

Another new BOG initiative is our effort to educate consumers to recognize deceptive or misleading website messages. A list of "red flag" messages, those universally considered as misleading, has been published on the ISHRS website where patients can use these criteria to help determine if the doctor's website may be trustworthy or not. These include use of false credentials (e.g., use of "FISHRS," if it hasn't been achieved, or use of MISHRS, which is not recognized ["member ISHRS" is acceptable, if it is true]), use of unproven therapies, false surgery claims (e.g., "scarless" or "no touch" or "painless"), and use of plagiarized photos or someone else's "stock" photos to advertise surgery outcomes. Only your own results should be used to educate patients about what outcomes may be achieved.

However, an even more serious problem continues to attract the focus of ISHRS public education efforts and prompted distribution of a consumer alert in 2013 about the burgeoning problem of the unlicensed practice of medicine in HRS.

At the seeming pinnacle of success, hair restoration surgery has enjoyed the attention of newspapers and tabloids focused on the presumed surgery results of famous actors. Though I have heard no public acknowledgment of this because of our members'

decades of hard work and surgical innovation, I know such transformations are possible and enjoyed these speculations. I have seen these transformations first hand in my own patients where I knew the results were from surgery. But, unfortunately success like this can attract attention from those who seek to capitalize on impressive results and our specialty's reputation without the willingness to do the appropriate work to achieve it themselves.

As mentioned before, we have witnessed the worldwide proliferation of the unlicensed practice of medicine in hair restoration surgery—where technicians, not doctors, perform surgery. This activity has placed patient outcomes and safety at risk. Reports of "hair restoration factories" where multiple patients receive surgery simultaneously in the same large room by non-physicians indicate the ignorance of patients and technicians who clearly do not understand the risks of blood borne pathogens in these settings. All who participate in these factories are being dangerously exploited.

Every surgeon knows that any procedure looks "easy" when performed by skilled and properly qualified doctors. The erroneous message that HRS is easy to learn and perform, without significant training, education, or qualification has contributed to a rise in devastating patient complications and adverse outcomes. Furthermore, improper delegation may perpetrate fraud on a public who often erroneously believe their operation is being performed by a qualified doctor. The ISHRS will continue its work to educate patients to protect themselves, and encourage ISHRS members to distinguish themselves globally with their continuing commitment to surgical expertise and the ISHRS best practice standards.

Also engaged in global efforts are scientists at Chicago's famous Shedd Aquarium with research and conservation efforts to preserve animals and their habitats for the future. In similar fashion the ISHRS continuing medical education efforts support member research, but also preserve and promote our Society's mission while enhancing its credibility and reputation with other specialties and the public.

The Accreditation Council for Continuing Medical Education granted accreditation of our CME program in 2006 with the highest commendation—and did so again in 2014. This assures the medical community and public that our programs provide effective medical education that supports quality improvement. Documented efforts to improve physician performance and outcomes are required. This includes establishment of Best Practices Standards, which we have begun to publish with recent issues of the *Forum*.

Our consumer alert used these standards to inform and help guide patients expectations for which medical responsibilities



Shedd Aquarium—Beluga whale and Jellyfish exhibits. Photography Choose Chicago

apply to doctors offering hair restoration surgery. They are also published on our website, <http://www.ishrs.org/article/consumer-alert>.

Interdependence is a subject being studied at The Adler Planetarium, which opened in 1930 and was the first planetarium of its kind in the western hemisphere. Research on our solar system indicates life on Earth developed and depends on the balance and interdependent ecosystem created by our precise rotation around the sun. Balance and interdependence are important characteristics of a hair restoration surgery team, too.

During surgery, doctors are legally the “captain of their ship”—responsible for all medical decisions and maintaining patient safety, including for example, anesthesia dosing, controlling blood pressure or bleeding from hypertension or platelet dysfunction, blood borne pathogen standards, etc. Equally important, we are role models for our staff. If the captain’s ethics and leadership are questionable, it may have an impact on staff perceptions and behavior, too.

When staff are encouraged and even required to assume the critical tasks of the captain, in addition to their own, is it possible to understand why some decide they don’t need a captain...and become independent?

The ISHRS in its best practices standards expects physician members to be leaders of the team and to maintain their role as captain. Only a qualified physician/surgeon should be making surgical incisions on a patient!

Our tiny specialty compared to the world of medicine may appear small and inconsequential—like the difference in size between the moon, the earth, and the sun—but like parts of our solar system, imbalance anywhere has an impact. If and how doctors practice surgery matters to educated patients—and increasingly matters to regulators and lawmakers who like the ISHRS are joining the battle against the unlicensed practice of medicine in hair restoration surgery (HRS).

We believe HRS patients deserve the same level of doctor participation and commitment as if our involvement in all aspects of surgery could mean the difference between life and death—and in our complications session you will learn...it could. To maintain a credible voice in regulatory dialogues, the ISHRS has our high standards for patient safety and surgical outcomes on public display via member and public education efforts, as well as by publishing our best practice standards.

The ISHRS continues to acknowledge that well-trained assistant staff are valuable and critical to safe and successful HRS. If we surgeons are the captains, then they are our loyal crew who

help the keep the ship on course. Many assistants have expressed their support for our battle because they, too, have witnessed adverse outcomes when captains have lost their way or are controlled by non-medical motives.

To emphasize our continued commitment to assistant education, this year we sponsored the first ever standalone assistant workshop in Denver, Colorado, under the oversight of Dr. Jim Harris with workshop chairs, distinguished assistants Tina Lardner and Emina Karanovski-Vance. We were very pleased by the positive feedback we received from this workshop and plan to repeat it next year.

In a final city photo you see the Chicago skyline. The first skyscraper was built here in 1885 and was 10 stories high. The Sears Tower built in 1974 is 110 stories, and though now called the Willis Tower, it remains the tallest skyscraper in Chicago.

A skyscraper has 2 fundamental components: a foundation, which often reaches below ground into rock, and a superstructure rising high, usually made of concrete and steel. Comparable to modern skyscrapers, the ISHRS provides a strong foundation for the specialty of HRS, but its superstructure, our members, must not only be strong, but able to sway with the wind and at times endure strong shearing forces.

Like a human pyramid, our physician captains and assistant team members provide critical support and strength for our Society.

I urge every physician member of the ISHRS to be a leader and strong role model for our specialty and to shoulder a commitment to our best practices standard—as the standard for all doctors who perform hair restoration surgery—but certainly the standard for all who call themselves members of the ISHRS!

Prologue: Since the annual meeting the ISHRS has been contacted by several member societies of the Global Council and member physicians eager to promote high standards of care and to join the battle against non-doctors performing surgery. We welcome the help and support of all our members to maintain our profession and our Society for all the good it provides to the public today and will continue to provide tomorrow and for the future! ♦

URGENT: CONSUMER ALERT!

Seeking Hair Restoration Surgery?



Be sure that a properly trained licensed physician* is responsible for your treatment.

To help ensure patients have information needed to make informed decisions about who performs their hair restoration surgery, the ISHRS urges potential patients to ask the following questions as well as questions regarding costs, risks, and what long-term benefits are obtained:

Patients Should Ask These Questions

1. Who will evaluate my hair loss and recommend a course of treatment? What is their education, training, licensure, and experience in treating hair loss?
2. Who will be involved in performing my surgery and what will their role, and what is their education, training, licensure, and experience performing hair restoration surgery?
3. Will anyone not licensed by the state be making incisions or harvesting grafts during my surgery? If so, please identify this person, explain their specific role and why they are legally permitted to perform it.
4. Is anyone involved in my surgery covered by malpractice insurance?

Be your own best advocate. Protect yourself.


International Society of Hair Restoration Surgery
A non-profit medical association
333 West 96th Street, Geneva, IL 60135 USA
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